



Idaho State Board of Pharmacy

1199 W Shoreline Lane Ste 303 Boise, Idaho 83702-9103 <http://bop.idaho.gov>
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DRUG OUTLET REGISTRATION APPLICATION

Board Rule 017.02 Incomplete Applications. Information requested on the application or other form must be provided and submitted to the Board office with the applicable fee or the submission will be considered incomplete and will not be processed.

Name of Facility _____

Address: _____ City: _____

Zip: _____ Phone: _____ Fax: _____

Check all that apply:

- ☐ Hospital w/o Pharmacy - \$35 annually
- ☐ Nursing Home - \$35 annually
- ☐ Prescriber Drug Outlet - \$35 annually
- ☐ ADS - Automated Dispensing & Storage Systems – *No fee required*
 - *Attach DEA certificate*
- ☐ Laminar flow or other hood, biological safety cabinet or barrier isolator – *No fee required*

Contact Person: _____ Phone: _____

Email: _____

I certify the information contained in this application is true and correct to the best of my knowledge.

Signature

Date